

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22435**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 129		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin				
b. CITY OR TOWN Marshall, Township		c. LENGTH OF STAY (In this place) 5 years		c. CITY OR TOWN Senath		0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State School				d. STREET ADDRESS (If rural, give location) 1				
3. NAME OF DECEASED (Type or Print) Otis		a. (First)		b. (Middle) Leon		c. (Last) Wilson		
4. DATE OF DEATH July 2, 1950		5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		
8. DATE OF BIRTH March 22, 1935		9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Otis Wilson		13b. MOTHER'S MAIDEN NAME Hazel Craft Wilson		14. NAME OF HUSBAND OR WIFE none				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Missouri State School Records ADDRESS Marshall, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no					INTERVAL BETWEEN ONSET AND DEATH do not know	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 9-20-1949 to 7-2- 1950 , that I last saw the deceased alive on July 1, 19 50 , and that death occurred at 5:30A m., from the causes and on the date stated above.								
23a. SIGNATURE Francis J. Nichols (Degree or title) M.D.				23b. ADDRESS Missouri State School Marshall, Mo		23c. DATE SIGNED 7-2-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/19/50		24c. NAME OF CEMETERY OR CREMATORY Paragould Cemetery		24d. LOCATION (City, town, or county) (State) Paragould, Arkansas		
DATE REC'D BY LOCAL REG. July 4-1950		REGISTRAR'S SIGNATURE Bidney S. Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Harrison ADDRESS Marshall		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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